

## INDEPENDENT POLICE REVIEW AUTHORITY

25 JAN 12  
Log #1049362

|  |  |   |  |
|--|--|---|--|
| <b>SENDER: COMPLETE THIS SECTION</b>   |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |  |
| <ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> |  | <p>A. Received by (Please Print Clearly) B. Date of Delivery<br/>[REDACTED] 1/26/12<br/>[REDACTED] Agent<br/>[REDACTED] Addressee</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No<br/>[REDACTED]</p> <p>D. Service Type<br/><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>E. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |  |
| <p>1. Article Addressed to:<br/>[REDACTED]</p> <p>2. Article Number (Copy):<br/>[REDACTED]</p>   |  |   |  |
| F. PS Form 3811, July 1999   |  | Domestic Return Receipt   |  |
|  |  | 102595-00-M-0952  |  |

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Attachment # B